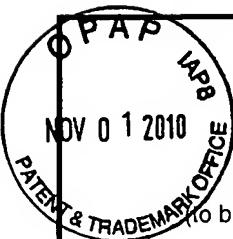


Zlw ✓

TRANSMITTAL FORM



To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

14

Application Number	10/536,885
Filing Date	May 31, 2005
First Named Inventor	Ebrahim Firoozabady
Art Unit	6613

Attorney Docket Number

63-000600US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> PTO-1449 Form	<input type="checkbox"/> Executed Declaration
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Cited References	<input type="checkbox"/> Power of Attorney
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Copy of PCT Search Report	<input type="checkbox"/> Certificate of Assignee
<input checked="" type="checkbox"/> Amendment and Request for Reconsideration	<input type="checkbox"/> Copy of EP Search Report	<input type="checkbox"/> Copy of Executed Assignment (Not for Recordation)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Sequence Listing Statement
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Sequence Listing Paper Form
<input checked="" type="checkbox"/> Receipt Acknowledgement Postcard	<input type="checkbox"/> Copy of Filing Receipt – marked-up	<input type="checkbox"/> Drawings
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Replacement/Supplemental Application Data Entry Form	<input type="checkbox"/> Letter to Official Draftsperson
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Issue Fee Transmittal	<input type="checkbox"/> Replacement Specification – Marked-Up
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input checked="" type="checkbox"/> Declaration of Dr. Ebrahim Firoozabady	<input type="checkbox"/> Replacement Specification – Clean Copy
<input type="checkbox"/> Copy of Notice to File Missing Parts		
<input type="checkbox"/> Interview Summary		
<input type="checkbox"/> Preliminary Amendment	Remarks	
<input type="checkbox"/> Request for Continued Examination (RCE)		
<input type="checkbox"/> Change Entity Status		

Authorization to Charge Deposit Account

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

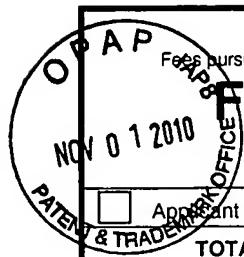
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Quine Intellectual Property Law Group P.C.		
Printed name	Brian E. Davy	Reg. No.	61,197
Signature			
Date	October 29, 2010		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Deborah Barragan		
Signature		Date	October 29, 2010



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEES TRANSMITTAL For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 130.00

Complete if Known	
Application Number	10/536,885
Filing Date	May 31, 2005
First Named Inventor	Ebrahim Firoozabady
Examiner Name	Russell Kallis
Art Unit	6613
Attorney Docket Number	63-000600US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) **Deposit Account**

Deposit Account Deposit Account Number: **50-0893** Deposit account name: **Quine Intellectual Property Law Group, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

FILING FEES SEARCH FEES EXAMINATION FEES

<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-20 or HP =	X	=		52	26	
				220	110	
				390	195	

Multiple Dependent Claims

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP =	X	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100	/ 50 =	(round up to a whole number) X	=	

4. OTHER FEE(S)

Other: **Petition for Extension of Time for 1 Month.**

130.00

Other:

Other:

Other:

Other:

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	61,197	Telephone
Name (Print/Type)	Brian E. Davy			Date October 29, 2010